

Record of Meals Served

Center/Site: \_\_\_\_\_

Month/Year \_\_\_\_\_

	Breakfast				Total Break fast	A M Supplement				Total A.M. Snacks	Lunch				Total Lunches	P M Supplement				Total P.M. Snacks	Supper				Total Suppers	Total Daily Attend	Program Adults			
Date	Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12			B	L	PM	S
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31																														
Total																														

\* PA means Program Adults

Milk on hand after the last meal  
service of the previous month  gal.

\*7CFR 226.15(e)(4) and 226.15(e)(5)